



FEE TRANSMITTAL For FY 2006		Complete if Known					
		Application Number	10/881,601				
		Filing Date	March 29, 2004				
		First Named Inventor	Siegfried Fischer				
		Examiner Name	Edward F. Landrum				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3724				
TOTAL AMOUNT OF PAYMENT (\$950.00)		Attorney Docket No.	037105.00052				
METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>08-2442</u> Deposit Account Name: <u>Hodgson Russ LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							<u>Small Entity</u>
							<u>Fee (\$)</u>
2. EXCESS CLAIM FEES							<u>Fee (\$)</u>
<u>Fee Description</u>							<u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							<u>Multiple Dependent Claims</u>
_____ -20 or HP = _____ x _____ = _____							<u>Fee(\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20							_____
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
_____ -3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically file sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____ - 100 = _____ / 50 = _____ (round up to a whole number)			x _____ = _____				
4. OTHER FEE(S)					<u>Fees Paid (\$)</u>		
Non-English Specification, \$130 fee (no small entity discount)					_____		
Other (i.e., late filing surcharge): <u>Appeal Brief (\$500.00); Two-Month Extension of Time (\$450.00)</u>					<u>\$950.00</u>		

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 46,186	Telephone 716-856-4000
Name (Print/Type)	Rachel S. Watt	Date October 19, 2006	

I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on October 19, 2006

Maria Muhlbauer
Name

Signature

October 19, 2006
Date of Signature